

DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

5 My residence, post office address and citizenship
are as stated below next to my name.

I believe I am the original, first and sole
inventor (if only one name is listed below) or, an
original, first and joint inventor (if plural names are
listed below) of the subject matter which is claimed
and for which a patent is sought on the invention
entitled "METHOD AND APPARATUS FOR SPINE JOINT
REPLACEMENT", the specification of which is attached
hereto and is identified by Attorney's Docket
No. MED-3.

10 15 I hereby state that I have reviewed and understand
the contents of the above-identified specification,
including the claims.

20 I acknowledge the duty to disclose information
which is material to the examination of this
application in accordance with Title 37, Code of
Federal Regulations, Section 1.56(a).

I hereby claim priority benefits under Title 35,
United States Code, Section 119(e), of United States

MED-3

Provisional Patent Application Serial No. 60/273,031
filed 03/02/01 by E. Marlowe Goble et al. for "TOTAL
SPINE JOINT REPLACEMENT" (Attorney's Docket
No. MED-3 PROV); and I hereby claim priority benefits
under Title 35, United States Code, Section 120, of
United States Patent Application Serial No. 09/726,169,
filed 11/29/00 by E. Marlowe Goble et al. for "FACET
JOINT REPLACEMENT" (Attorney's Docket No. MED-1);
United States Patent Application Serial No. 09/736/103,
filed 12/13/00 by E. Marlowe Goble et al. for "MULTIPLE
FACET JOINT REPLACEMENT" (Attorney's Docket No. MED-2);
and United States Patent Application Serial No.
09 737,309 filed 03/01/01 by T. Wade Fallin et al. for
"PROSTHESIS FOR THE REPLACEMENT OF A POSTERIOR ELEMENT
OF A VERTEBRA" (Attorney's Docket No. MED-4).

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I hereby appoint Pandiscio & Pandiscio, a firm
composed of Nicholas A. Pandiscio, Registration No.
17293, Mark J. Pandiscio, Registration No. 30883, Scott
R. Foster, Registration No. 20570, and James A.
Sheridan, Registration No. 43,114 or any of them, of
470 Totten Pond Road, Waltham, Massachusetts
02451-1914, (Telephone No. 781-290-0060), my attorneys
with full power of substitution and revocation, to

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prosecute this application and to transact all business
in the Patent Office connected therewith.

I hereby declare that all statements made herein
of my own knowledge are true and that all statements
made on information and belief are believed to be true;
and further that these statements were made with the
knowledge that willful false statements and the like so
made are punishable by fine or imprisonment, or both,
under Section 1001 of Title 18 of the United States
Code and that such willful false statements may
jeopardize the validity of the application or any
patent issued thereon.

15 Inventor's signature: _____

Inventor's full name: E. Marlowe Goble

Date: _____

Residence: 5 West Blair Road,
Alta, Wyoming 83452

20 Post office address: same

Citizenship: United States of America

Inventor's signature: _____

Inventor's full name: T. Wade Fallin

Date: _____

Residence: 210 East 200 South

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Post office address: same

Citizenship: United States of America

Inventor's signature:

Inventor's full name: Robert W. Hoy

Date: _____

Residence: 1504 South Talon Drive

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Post office address: same

Citizenship: United States of America

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